

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Daniel	10/	10-08-01
O.I.P.E. CLASSIFIER		1085	11-08-01
FORMALTY REVIEW	CH		
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 ○ ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	10/11/01
2	10/11/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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